

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 25 1937

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

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## 1. PLACE OF DEATH

County Barton  
Township Northfork  
City Northfork (No.       )

Registration District No. 40  
Primary Registration District No. 5061

File No.         
Registered No. 3  
St.        Ward       

## 2. FULL NAME

Mary Elizabeth Richardson  
(a) Residence, No.        St.        Ward         
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos.        ds. How long in U. S., if of foreign birth?        yrs.        mos.        ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-31-1849  
7. AGE YEARS 87 MONTHS 0 DAYS 16 If LESS than 1 day,        hrs.        min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         
10. Date deceased last worked at this occupation (month and year)        11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (CITY OR TOWN) Elizabethtown (STATE OR COUNTRY) Kentucky

13. NAME William Hoover

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)       

15. MAIDEN NAME Permelia De Witt

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)       

17. INFORMANT Mrs. Earl Ruckel (ADDRESS) Hamar, Missouri

18. BURIAL, CREMATION, OR REMOVAL Trans. Jan. 18th 1937

19. UNDERTAKER Konantz Funeral Home (ADDRESS) Hamar, Missouri

20. FILED Jan-17-1937 Mrs. Josephine Bennett Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937, to Jan. 16, 1937

I last saw her alive on Jan. 16, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Coronary occlusion

Other contributory causes of importance:  
Bronchial Asthma

Name of operation        Date of       

What test confirmed diagnosis? Clinical Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?        Date of injury       , 19      

Where did injury occur?        (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury       

Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify       

(Signed) Jerry T. Bickel, M. D.

(Address) Lamar, Mo.

